

# Course Application

Michigan Department of Labor & Economic Growth  
Bureau of Construction Codes & Fire Safety, Michigan Fire Fighters Training Council  
P.O. Box 30700, Lansing, MI 48909  
517-373-7981

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Regional Supervisor **must**  
receive this application **6 weeks**  
**prior** to start date.

TRACKING NUMBER

## LOCATION OF COURSE

Authority: 1966 PA 291

NAME OF FACILITY	RTC (if applicable)	COUNTY
STREET ADDRESS		CITY

## ADMINISTRATIVE INFORMATION

COURSE MANAGER NAME	FIRE DEPARTMENT NAME		<input type="checkbox"/> CORRESPONDENCE AND MATERIALS WILL BE SENT TO COURSE <input type="checkbox"/> MANAGER UNLESS CHECKED FOR SHIPMENT TO ALTERNATE ADDRESS - LIST ALTERNATE ADDRESS BELOW		
STREET ADDRESS (No P.O. Box #'s allowed)			NAME		
CITY	STATE	ZIP CODE	STREET ADDRESS (No P.O. Box #'s allowed)		
BUSINESS TELEPHONE (Include Area Code)	HOME TELEPHONE (Include Area Code)		CITY	STATE	ZIP CODE
Certificates will be sent to the student's Fire Department; Pre-Service certificates will be sent to the Regional Training Center.					

## COURSE AND FUNDING - Instructions for registering multiple courses are on back of form.

COURSE NUMBER	COURSE NAME	INDICATE CLASS SESSION _____ AM _____ PM	# OF STUDENTS	# OF MANUALS	START DATE (MM/DD/YY)	END DATE (MM/DD/YY)
FUNDING INFORMATION			VIDEO SCHEDULED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
COUNTY NUMBER	FUNDING SOURCE	INSTRUCTOR FEE (\$)	INSTRUCTOR NAME			
_____	<input type="checkbox"/> CO ALLOC	_____	FIRE DEPARTMENT ID NUMBER			
_____	<input type="checkbox"/> SARA	_____	TOTAL COST (\$)			
_____	<input type="checkbox"/> HMEP	_____				
_____	<input type="checkbox"/> _____	_____				
_____	<input type="checkbox"/> _____	_____				
<input type="checkbox"/> UNFUNDED						

COURSE NUMBER	COURSE NAME	INDICATE CLASS SESSION _____ AM _____ PM	# OF STUDENTS	# OF MANUALS	START DATE (MM/DD/YY)	END DATE (MM/DD/YY)
FUNDING INFORMATION			VIDEO SCHEDULED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
COUNTY NUMBER	FUNDING SOURCE	INSTRUCTOR FEE (\$)	INSTRUCTOR NAME			
_____	<input type="checkbox"/> CO ALLOC	_____	FIRE DEPARTMENT ID NUMBER			
_____	<input type="checkbox"/> SARA	_____	TOTAL COST (\$)			
_____	<input type="checkbox"/> HMEP	_____				
_____	<input type="checkbox"/> _____	_____				
_____	<input type="checkbox"/> _____	_____				
<input type="checkbox"/> UNFUNDED						

COURSE NUMBER	COURSE NAME	INDICATE CLASS SESSION _____ AM _____ PM	# OF STUDENTS	# OF MANUALS	START DATE (MM/DD/YY)	END DATE (MM/DD/YY)
FUNDING INFORMATION			VIDEO SCHEDULED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
COUNTY NUMBER	FUNDING SOURCE	INSTRUCTOR FEE (\$)	INSTRUCTOR NAME			
_____	<input type="checkbox"/> CO ALLOC	_____	FIRE DEPARTMENT ID NUMBER			
_____	<input type="checkbox"/> SARA	_____	TOTAL COST (\$)			
_____	<input type="checkbox"/> HMEP	_____				
_____	<input type="checkbox"/> _____	_____				
_____	<input type="checkbox"/> _____	_____				
<input type="checkbox"/> UNFUNDED						

## APPROVALS

COURSE MANAGER SIGNATURE	DATE	
COUNTY TRAINING COMMITTEE SIGNATURE (Required for Funded Courses only)	TELEPHONE NUMBER (Include Area Code)	DATE

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.  
BCCFS-110 (11/04) (Formerly FMD-110) Front

Distribution: White: Region Supervisor  
Yellow: Course Manager

## INSTRUCTIONS

### Electronic Completion

This form may be completed electronically and printed. In order to save your completed form, you must have the full version of Adobe Acrobat.

### General Information

- Illegible or incomplete Course Applications will be returned.
- Do not complete shaded areas of the form.
- All applications and related paperwork **MUST BE RECEIVED BY THE MFFTC REGION SUPERVISOR (OR BE POSTMARKED) 6 WEEKS PRIOR TO THE START DATE OF THE FIRST SCHEDULED COURSE OR EXAMINATION.**
- Use the Course Change/Cancellation form (BCCFS-111) to make changes to course information after the Course Application (BCCFS-110) is submitted.

**Location of Course** - Must be completed.

### Administrative Information

- Course manager must be an approved instructor or the region training center representative registered with the MFFTC. The course manager is responsible for overseeing the courses and forwarding MFFTC correspondence and course materials to the instructor(s).
- Do not complete the shaded area regarding the course manager's address. The course manager's address registered with the MFFTC will be entered automatically.
- Correspondence and materials for all courses that are registered together will be sent to one address only.
- MFFTC will complete and forward certificates upon course completion and receipt of final paperwork.

### Courses and Funding

- When registering MULTIPLE COURSES, the following requirements apply:
  - All courses must start and end in the same fiscal year (October 1 - September 30)
  - An additional BCCFS-110 may be used to register more than three courses by completing "Section 3" and filling in the page numbers.
- When a course is conducted in AM and PM sessions, each session must be registered as a separate course.
- Funded courses require a minimum of 15 students from two or more departments.
- Contact your Contract Coordinator or Region Supervisor to verify student manuals currently being supplied.
- If course is funded, enter the county number for each funding source.
- Indicate if course is unfunded or if funded, identify funding sources(s).
- Enter instructor fee for funded courses. Do not exceed the maximum MFFTC instructor fee set for a course.
- Check "Yes" to indicate if videos are being scheduled for this course or "No" if no videos are scheduled.

### Approvals

- The course manager must sign and date the completed form.
- Funded courses must be approved by the designated County Training Committee representative.

### Required Paperwork That Must Submitted With This Application

- FFI or II courses require the Fire Fighter I & II Schedule (BCCFS-103).
- The Video Schedule application (BCCFS-104) must be used to schedule MFFTC videos.
- The HazMat Awareness course is required with FFI and the HazMat Operations course is required with FFII

**MAIL white copy of this completed form to your Region Supervisor**

#### Region 1

##### Lorraine Schwarz

Region Supervisor

MI Fire Fighters Training Council  
1504 W. Washington St., Suite B  
Marquette, MI 49855

Telephone: 906-226-4170

Fax : 906-228-2453

email: llschwa@michigan.gov

#### Region 2

##### Gary Crum

Region Supervisor

MI Fire Fighters Training Council  
2922 Fuller Ave. NE, Ste. 114  
Grand Rapids, MI 49505

Telephone: 616-447-2689

Fax: 616-447-2668

email: gdcrum@michigan.gov

#### Region 3

##### Deward Beeler

Region Supervisor

MI Fire Fighters Training Council  
411 East Genesee 4th floor  
Saginaw, MI 48607

Telephone: 989-758-1912

Fax: 989-758-1616

email: dbbeele@michigan.gov